

COMMODITY LOSS REPORT

Instructions: Complete this form, retain a copy for your files, and return the original to:

Office of Public Instruction
School Nutrition Programs
PO Box 202501
Helena, MT 59620-2501

Note: Do not destroy commodities before notifying the Office of Public Instruction, School Nutrition Programs of loss and/or damage of commodities. If possible, obtain a record of all of the numbers on the cases for commodities that will be destroyed. Please dispose of commodities in such a manner that they cannot be used for human consumption, and document such. Acceptable means of disposal are putting in the dumpster just prior to the garbage pick-up, delivering to the dump, or burning. Complete the following after disposal of food has been accomplished.

School: _____ City: _____ County: _____

How and where were commodities destroyed? _____

1. Complete the following Information. Attach additional sheet(s) if necessary.

Commodity (i.e. Canned Peanut Butter)	Pack Size (6/#10)	Quantity Lost (cans/pounds)	Contract/Code Numbers	Pack Date	Date Received	Date of Disposal

2. Nature of Loss: (Check all that apply)

_____ Refrigeration/Freezer Failure

_____ Fire

_____ Theft

_____ Infestation/Spoilage

_____ Contamination

_____ Damage

_____ Other, Explain: _____

If theft, did police investigate? _____ Yes _____ No (If yes, include copy of police report)

3. Where did this occur: _____ School/School Warehouse _____ Commercial Warehouse

4. Time between last temperature/visual check and discovery of loss: _____

5. Storage Facilities:
- A. Temperature of storage area where loss occurred: _____
- B. Are the storage facilities locked? _____ Yes _____ No
- C. Is there a temperature alarm system for the refrigeration/freezer? _____ Yes _____ No
6. Give complete details regarding loss: _____

7. Type and frequency of storage and equipment inspection (including pest control and preventive maintenance of refrigeration/freezer equipment): _____

8. Is loss covered by insurance? _____ Yes _____ No
If yes, has a claim been filed with the insurance company? _____ Yes _____ No
9. I certify that, to the best of my knowledge and belief, this report is true and correct.

Signature and Title of School Official

Date

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STATE AGENCY USE ONLY

CLAIM DETERMINATION

Date Received: _____ Claim: # _____ Value of Claim: \$ _____

Claim Determination: _____

By: _____ Director, School Nutrition Programs Date: _____

Date school was notified by letter of action: _____

CLAIM PAYMENT

Date Claim Paid: _____ Amount Paid: \$ _____

Check and/or Invoice Number(s): _____

Date Money Sent to USDA, if applicable: _____

Date Claim Finalized: _____ Date Closure Letter Sent to School: _____
